

**CDMS**  
**1120 Route 73, Suite 200, Mount Laurel, NJ 08054**  
**Phone= 844-681-8156 Fax= 856-439-0525**

## APPLICATION FOR EMPLOYERS PROVIDING IN-SERVICE TRAINING

Use this application if you are an Employer who provides in-service training solely to your employees and at no charge.

- A separate application must be completed for each program/activity
- All in-service approvals are good for 12 months from the program start date
- Please include payment with your application

### Organization Information \* = Required Information

Organization Offering Program/Activity\* Telephone Number  
 Business Address\* Facsimile Number  
 City/State or Province/Zip or Postal Code\* Organization Website  
 Contact Name and Email Address\*

### Program/Activity Information

Program/Activity Title

Location Start Date End Date

Total # of Clock Hours: Exclude Opening/Closing Remarks, Break & Ethics

Total Number of Ethics Hours (If applicable)

Type of Instruction:  Conference  Seminar/Workshop  Self-Study Course

Webinar  Webcast

If solely in written format, indicate number of words number of questions

### Relation to Domain Focus Areas

The program/activity must apply to one of the following domain focus areas. A full listing of the subsets of each domain focus area can be found in the CDMS Manual for Continuing Education Pre-Approval. Check the domain focus area that applies to the program/activity for which you are seeking approval.

- Disability and Work Interruption Case Management (Domain I)
- Workplace Intervention for Disability Prevention (Domain II)
- Program Development, Management and Evaluation (Domain III)
- Employment Leaves and Benefits Administration (Domain IV)
- Ethics

**Fees (Please check appropriate box – Rates based on # of programs submitted at one time)**

- 1-25 programs/submission \$275     26-50 programs/submission \$400  
 51+ programs/submission = \$550

**Express Processing Rate: \$75\***

\*This rate applies to any application received 7-14 days from date of event. If submitting your application within this timeframe, please be certain to include in payment amount.

- **All programs must be a minimum of 1 hour**
- **Applications received less than 7 days prior to scheduled event, will not be processed.**
- **Additional program submissions over the course of the year are subject to the fees outlined above**
- **No post approvals will be accepted.**
- **All Fees are Non-Refundable**

**Statement of Understanding**

I hereby certify that I have read, understand, and agree to abide by the requirements as stated within the CDMS Manual for Continuing Education Pre-Approval. Furthermore, I certify that I have completed the application and attached the required documentation. I understand that no program/activity will be reviewed unless accompanied by the required documentation and the appropriate non-refundable processing fee. I also certify that the program/activity is an in-service training that is being offered solely to employees of the organization seeking approval and is at no cost to the employees.

I understand that the CDMS reserves the right to monitor programs/activities for which it has granted continuing education approval **and to withdraw such approval from any program/activity that is offered or presented in any manner that is inconsistent with the approval requirements.** I also understand that any approval granted for this program/activity is valid for 12 months from the date of approval. If the program/activity is changed in any way during the 12 months, I agree to seek approval from the CDMS Commission.

Authorized Signature

Date

Printed Name

Title

**Documentation to Be Attached**

- A copy of any promotional material used to communicate the program
- An outline or agenda of each program/activity to include a breakdown of clock hours
- Overview or summary of learning objectives
- A copy of the evaluation form to be given to participants
- If a Self-Study Course, a copy of the exam administered for the program, must be included with documentation
- Program(s) requesting specific Ethics review must show evidence that the CDMS Code of Professional Conduct is referenced within the presentation. Examples of such evidence include:
  - Reference to the CDMS Code within the promotional or marketing materials
  - Written explanation from the presenter that states the way and extent to which the CDMS code will be addressed within the presentation/program

---

**Payment Information**

**CHECKS:** Checks must be made payable to the CDMS and sent with a completed application and the required documentation. A service fee of \$35.00 will be assessed for all checks returned for insufficient funds or for charges made to closed accounts. The CDMS Commission's tax identification number is 36-3733178.

**CREDIT CARD PAYMENT:** Complete this section if you wish to charge the fees due to your VISA, MasterCard or American Express.

Charge to my:  VISA  MasterCard  American Express

Card # Expiration date

Security code

Name on account

Zip code

Authorized Signature

Date

\* We do not accept Discover card

**Mail/fax application, payment and all required documentation to:**

**CDMS**

**1120 Route 73, Suite 200, Mount Laurel, NJ 08054**

**Phone= 844-681-8156 Fax= 856-439-0525**